| From (Person | | ASSIG | NMENT (Office | | |
|--------------------------------|---|-----------------------|---------------|---------------------------|-----------|
| Estimated Co | NNI TIMM | of | CTI | Date/Time | 31/8/17 |
| ODIA | S/TP RES / OD RES | | Bill to: | | |
| To Inspect V | ehiola Name Co | EVA/INV/M | V/CS | | |
| at Workshop | | 8671 P | | Insured: XD 2 | 374 C |
| of Bu | 111/3 A | an | | Tel: 67 | 43 135 1 |
| Police No. | 3006, UbiRd | 1,#01-3 | 68/370 | | 1001 |
| | PHICKSN 800: | 1401709 | Claim No: | SNM17D0511 | ₹602 |
| com monicu | | M | Excess: | 10.11 | 1002 |
| Make of Veh (Client's Recor | | | | Do. o | el reland |
| I manual to treeffel | 4 . | | | | |
| | | (wib) | | D.O.A2 | 8/08/2017 |
| CA / REV | / REP / DEVICE | (mb) | 2011 | | , , , |
| CA / REV | / REP / DEVICE | Person Contact | ed Joya | H.O.D. End | orsement: |
| CA / REV | REP. / REV 24 HRS | Person Contact | | | orsement. |
| CA / REV | REP. / REV 24 HRS 318117 11.57 am Action/Instruction (| Person Contact Estim | | H.O.D. End | orsement. |
| CA / REV | REP. REV 24 HRS | Person Contact Estim | | H.O.D. End | orsement. |
| CA / REV | REP. / REV 24 HRS 318117 11.57 am Action/Instruction (| Person Contact Estim | | H.O.D. End | orsement. |
| CA / REV | REP. REV 24 HRS | Person Contact Estim | | H.O.D. End Vehicle (N) | orsement. |

| (08/11/13) REF: (7) | |
|--|---|
| ASS REC. BY: XXX. CI | |
| AS | SIGNMENT |
| Froi i: Date: | Veh No: ES8671P Yr Regn: 13 DEC 200 |
| Estimated Cost: | Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |
| OD /TP //WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or |
| | Make: Honola CB400 c.c 399 |
| To Inspect Vehicle No: | Colour Led A/C: Insured / Std / NI / NA |
| at Workshop m/s ATAN Motor inf | Sp.Reading 683/6 T/Radio: Insured / Std / NI / NA |
| ofi | - Operation - 0.0 7/ 0 |
| insured: | - Eng/No: |
| Policy No. | - 100 11 11 |
| Claims No. | Gen. Cond: Good)/ Fair / Poor / Burnt |
| Sum Insured: Excess: | Steering: Inorder / Jammed / Leaked / Burnt or |
| (Client's Record) | Brake: Inorder / Jammed / Leaked / Burnt or |
| Make of Veh: | Modi: Nil S/Rim / STD A/Rim or |
| | Tyre Size: F: 120/60 ZR1/ |
| (Policy Condition) | R: 160/60 ZRI) |
| Remark: The veh had commenced its 0/8 | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| repair at the time of inspection. | TOYO/YOKO OF MET ZELER |
| Bal. or Market Value: | <u>Front</u> <u>Rear</u> |
| IDAC Accident Rport: Consistent? : Yes or No | R/Bal. C mm R/Bal. S mm |
| GIA / PR Seen: Consistent? : Yes or No | L/Bal. mm L/Bal. mm |
| Est. Repairs: 7 days Res.: Yes or No | D.O.A. D.O.I. 3/-08-17 |
| Lum Sum: % 3 Val.: Yes or No | Survey held at W/S 3:3apm |
| | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or |
| CA / REV / REP. / 24 HRS | |
| Date:Person Contacted: | The U/C / Chassis frame / Body Structure affected due to collision. |
| Date / Time Action / Instruction | |
| | |
| | |
| | |
| * | |
| RECEIVED 2 2 | NEW AND STATES |
| REGELVED | |
| | |
| | 0 |
| Date/Time, File Pass to? : Preli. Report | Days Of Repair: 2 |
| 1) 22 11 Typic Y: Final Report | Resurvey No. of Trip: Survey Fee: 130 |
| Date/Time, File Return to? | Transportation: |
| 2) Add F | |
| To | : Interview (\$) Photos |
| Report Format : | : Tech, Invs (\$) Others |

: Weekend (\$

TOTAL

Lump Sum / I.B.I: (\$



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

| 01.111 | IA TAIRING INC. | | ationale Des Experts En Auton | | | |
|--------|---|--|-------------------------------|--------------|--|--|
| CHI | NA TAIPING INSU | RANCE (S) PTE LTD | Ref : CS/CTI170169 | 39/GtD | | |
| | ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909 | | Date: 31-08-2017 Code: CTI | | | |
| 1. | Barrier St. St. St. | Policy Particula | ars :- THIRD PARTY CLA | IM | | |
| | Insured Veh. | XD 2374C | Veh. Inspected | FS 8671P | | |
| | Policy No. | DMCVSN8007401709 | Coverage (\$) | 0.00 | | |
| | Claim No. | SNM17D05117C02M | Excess (\$) | 0.00 | | |
| | Assign From | MERIMEN (IRENE TAY) | Assign Date | 31/08/2017 | | |
| 2. | | Vehicle Pa | articulars & Condition | | | |
| | Make & Model | | c.c 0 | | | |
| | Engine No. | HIDDEN | Year of Reg. | Year of Reg. | | |
| | Chassis No. | | Colour | | | |
| | Odometer | 8 | Steering | | | |
| | Brakes | | Modification | | | |
| | General | | | | | |
| 3. | | Con | ditions of Tyres | | | |
| | | Size | Make | Balance | | |
| | R/H Front Tyre | | | mm | | |
| | L/H Front Tyre | | | mm | | |
| | R/H Rear Tyre | | | mm | | |
| | L/H Rear Tyre | | | mm | | |
| 4. | | Descri | iption of Damages | | | |
| 5. | Englis No. | Gen | eral Information | | | |
| | Accident Date | 28/08/2017 | Inspection Date | | | |
| | Survey held at | ATAN MOTORING SUPPLY | PTE LTD | | | |
| | | BLK 3006 UBI ROAD 1 #01- SINGAPORE 408700 | 370 . | | | |
| 5a. | Patrician Property | and the second | Remarks | | | |

...CLAIM SUBFOLDER...(New Assignment)

| | BFOLDER TRAC | | Add Accioned | Adj Rpt | Adj Submitted | Ins Auth'ed | Status | |
|--------------|-------------------------|---|--|----------------|--------------------|-------------------|----------------------------|---|
| Case Main | Notified 30 Aug 2017 | Est Submitted | Adj Assigned 31 Aug 2017 11:05 Assign | PO) KPC | Auj Scomeces | | New Assignation Cancel Can | 200 C W C C C C C C C C C C C C C C C C C |
| | Main | Re | ference | Clair | m Details | Docum | ents | Show All |
| CLAIM S | UBFOLDER DE | TAILS | 4 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | [Created | by insurer] | |
| Insured: | H. | *************************************** | | | | | | |
| Main Cla | imant: | NA SEOW HO | СК | 02000 | MANAGE TROP | 20/00/201 | 7 00:00 - :59 | |
| Vehicle I | Reg. No.: | FS8671P | | | te of Loss: | | | |
| Claim Ty | pe: | TP / SNM17 | D05117C02 | Pol | icy/Cover Note I | No.: DMCVSN80 | 07401709 | |
| | Reg. No. | XD2374C | | Pol | licy No. (Claiman | t): | | |
| (Insured | 1): | | | | cess: | S\$0.00 | | |
| Repairer | | Atan Motorin | g Supply Pte Ltd | (HQ) Block 30 | 06 Ubi Road 1, #0 | 1-368/370, 408700 | Ubi - Tel: 674 | 43 1351 |
| | g Insurer: | China Taiping | Insurance (Sin | gapore) Pte. L | td. (HQ) - Tel: 63 | 89 6111 [Handl | ed by Irene I | ay Hui Ping - |
| Adjuste | r: | LKK Auto Cor | sultants Pte Ltd | (HQ) - Tel: 62 | 56-3561 [Fina | I Rpt due 12/09 | 9/2017] | |
| Adj Asg. | . Remarks: | PLEASE ASSIS | T TO CONDUCT A | PRS AND REVE | RT WITH YOUR REC | COMMENDATION | | |
| ASSOCI | ATED MAIL RE | CEIVED | | | | View | All Com | pose Case Mail |
| There are | e no mail for this | case. | | | | | | |
| В | | | | | View All Se | arch Tasks C | reate New Tasi | k Complete |
| ALL AS | SOCIATED TAS | | 235704 020040 | 1600000 | | Completed C | | |
| Due D | MAN ANDROGRAM | Type Task | Group Subject | t Handler | Assigned By | Completed C | , creat | |
| No result | ts. | | | | | | | |

catherine

From:

Irene Tay <irene.tay@sg.cntaiping.com>

Sent:

Thursday, 31 August, 2017 10:53 AM

To:

assignments@lkkauto.com; Admin A

Cc:

anna sim

Subject:

CTP REF NO. SNM17D05117C02 ATAN REF NO. FS8671P - ACCIDENT INVOLVING

XD2374C AND FS8671P ON 28 AUGUST 2017

Dear Sir/Mdm,

We refer to the above matter and the email below.

Please assist to get Mr Marcus Chua from your end to liaise with Ms Anna from Atan

Regards,

Irene Tay

Claims Department
China Taiping Insurance (Singapore) Pte. Ltd.
3, Anson Road, #16-00
Springleaf Tower,
Singapore 079909
Co. Reg. No. 200208384E

DID: 6389-6192 Fax: 6224 7175

Email: claimsdept@sg.cntaiping.com Email: irene.tay@sg.cntaiping.com Website: www.sg.cntaiping.com

From: anna sim [mailto:annasimsl@yahoo.com.sg]

Sent: Wednesday, 30 August, 2017 5:42 PM To: Irene Tay <irene.tay@sg.cntaiping.com>

Subject: Re: CTP REF NO. XD2374C ATAN REF NO. FS8671P - ACCIDENT INVOLVING XD2374C AND FS8671P ON 28

AUGUST 2017

Hi Irene

We shall appoint Marcus Chua, Thank you

Regards,

Anna Sim

Atan Motoring Supply Pte Ltd Tel: 67431351 Fax: 67434158

email add: annasimsl@yahoo.com.sg

On Wednesday, August 30, 2017, 4:26:21 PM GMT+8, Irene Tay < irene.tay@sg.cntaiping.com > wrote:

Without Prejudice Save As To Costs Dear Sir/Mdm. We refer to your pre-repair survey request / email. We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. Here are the list of surveyors; Marcus Chua Bryan Ang Tay Beng Hee See Chew Seng Dereck Oh Siong Wee Mohd Fadhilah Bin Osman Cedric Ng Steven Foong Adrian Ling Henry Ng We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select one of the listed motor surveyors and we will bear the cost of the pre-repair

survey carried out by the single joint expert.

Thank you.

Regards,

Irene Tay

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3, Anson Road, #16-00

Springleaf Tower,

Singapore 079909

Co. Reg. No. 200208384E

DID: 6389-6192

Fax: 6224 7175

Email: claimsdept@sg.cntaiping.com

Email: irene.tay@sg.cntaiping.com

Website: www.sg.cntaiping.com

This email has been scanned by the Symantec Email Security.cloud service. For more information please visit http://www.symanteccloud.com





1 of 3

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20170829/2041

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 29/08/2017 11:04 | | | Vide Report No.: | Station Diary No.: 43 |
|--|----------------------|------------------------------|--|------------------------------|
| Informa | nt's Particu | ılars | | |
| | Informant: W HOCK | | Address: APT BLK 410 HOUGANG AVI 530410 | ENUE 10 #03-1018 SINGAPORE |
| ID Type / ID No.: NRIC NO / S1418613A | | | Contact No.: Home/Office: | 84841168 Mobile: 84841168 |
| National SINGAP | ity: ORE CITIZ | EN | Email: | |
| Sex: Male | Age: 56 | Date of Birth: 10/10/1960 | Type of Informant: Rider | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: DRIVER | | | Driving Licence Information: Class: 2B,2A,3,4,5 | Date of Expiry: |

| Type of Accident: | Injury Conveyed By Ambulance | | Drink Drive: No | Date/Time of Accident: 28/08/2017 15:35 | Type of Location X-Junction | |
|---|--|------|-----------------------|---|--------------------------------|--|
| Location: Junction of Ro AIRPORT RO UBI AVENUE | 2 GO FT 153 AVE 0 | | | | | |
| Weather: Clear | ###################################### | Road | Surface: | | Road Speed Limit: | |
| Traffic Flow: | Flow: Traffic 0 | | c Control: | | Traffic Volume: | |
| Type of Collis | ion: ring Vehicles - Head To | Rear | | | Anyone conveyed by ambulance: | |

| Vehicle No. | ehicle Involve Type | Make | Model | Color | Condition | No of Passenge |
|-------------|------------------------|-------|-----------|-------|---------------------|----------------|
| FS8671P | Motorcycle | HONDA | CB400SFYJ | Red | Slightly Damaged | 0 |
| XD2374C | Lorry | | | | Slightly Damaged | 0 |

| Details of V | ehicle Insurance | | | |
|--------------|-----------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FS8671P | AXA INSURANCE SINGAPORE PTE | AN3157282 | 07/07/2017 | 06/07/2018 |



T/20170829/2041

2 of 3

Report No. T/20170829/2041

Police Station Of Origin:
Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

| Any Pedestrian Ir | volved: No | | | | | |
|-------------------|----------------------|----|--------------------------------------|-----------|---|-----------|
| No. of Pedestrian | | | Use of Pec | lestrian | Cross | ing: NA |
| Rider | | | TOTAL CONTRACTOR | | | |
| Name | NA SEOW HOCK | | | ID No. | | S1418613A |
| Related Vehicle | FS8671P (Motorcycle) | | Conta | ct No. | 84841168 | |
| Hospital/Clinic | RAFFLES HOSPITAL | | Class Driving Licent Expiry | g ce & | Class: 2B,2A,3,4,5 Date of Expiry: NIL | |
| Date Treatment | 28/08/2017 | | Date Disc | | _ | 3/2017 |
| | ted Medical Leave | 03 | Degree of | Injury | NIL | |

Brief Details.

On 28/08/2017 at about 1539hrs, I was travelling along Airport road on my motorcycle when a lorry collided into my rear.

The incident happened at the cross junction of Airport road and ubi ave 2. I stopped at the traffic junction waiting for the green arrow to turn into ubi ave 2. When the traffic light turns green, I started to move off and I saw the lorry tried to overtake me which resulted in him knocking onto my motorcycle box and pushing me to the side and causing me to collide into the kerb on my left.

My motorcycle fell onto my leg and caused some injuries. I was being conveyed to raffles hospital and was given 3 days of MC.

HOUGANG NPC 60 HOUGANG NVE 9 SINGAPORE 555775 TEL: 1800-1650999





3 of 3

Report No. T/20170829/2041

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| Signature Of Officer Recording The Report® F / Sgt 2 CHUA YONG JIE, JEREMY | Signature Of Informant: |
|--|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 29/08/2017 11:04 |
| Officer In Charge Of Case: TP / GIT / | Classification Of Case: |
| Staff Sgt SYED ZAYID MUHAMMAD BIN SY ABDUL WAHID ALHINDUAN | SN 085 |
| Contact No.: 65476394 Authentication Stamp | Signature: |
| NP168 | N- |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

CCIDENT STATEMENT

| | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 31/08/2017 17:19 |
| Date Of Accident | 28/08/2017 15:35 |
| Exact Location Of Accident | JUNCTION OF AIRPORT ROAD AND UBI ROAD 2 |
| Country/State of Loss | SINGAPORE |
| D. D. C. | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | FS8671P |
| Insured/Policyholder | |
| Name Of Registered Owner | NA SEOW HOCK |
| NRIC No | S1418613A |
| Email Address | SEOW.SHN@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-84841168 |
| Alternative Phone No | OFFICE-84841168 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | CB400SFYJ |
| Exact Purpose for which vehicle was being used at time of accident | |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | MOTORCYCLE |
| Insurance Company | |
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | AN3157282 |
| Cover Note Number | |
| Driver | |
| Name of Driver | NA SEOW HOCK |
| NRIC No | S1418613A |
| Date Of Birth | 10/10/1960 |
| Occupation | OUTDOOR |
| INTERCOMP PROCESSION (| 5 - 27 3 (24 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |

19/07/1984 Date Of Driving Pass

33 YEARS AND 1 MONTH Driving Experience

MALE Gender

(LOCAL) +65-84841168 Mobile Number

Fax Number

OFFICE-84841168 Contact Number

SEOW.SHN@GMAIL.COM EMail Address

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XD2374C

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

NA SEOW HOCK

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FS8671P

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the socident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy flability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy flability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (I) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me,
- (N) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yera/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

| | river's Signature (if driver is not the policyholder) / Date Time | Witnessed by Reporting Centre Personnel Progressive Automotive Pte Ltd Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716 |
|-------|--|--|
| KPE . | Airport Rol A B | Number Plate A-FS 867 P B-XD2374 C |
| | Well Rd 2 | Legend A A Vehicle Bike |

Accident Sketch Plan

Describe Circumstances of the Accident

Date of Accident:

| ik. | or to pallic report | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| eclaration Ve declare the foregoing particulars | MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT | AN OWN DAMAGE CLAIM |
| IDER YOUR OWN POLICY, KINDLY | CHECK YOUR POUCY FOR MORE DETAILS | Λ |
| elicyholder's Signature / Date & | Driver's Signature (# driver is not the policyholder) / D & Time | Oate Witnessed by Reporting Centre Personnel Progressive Automotive Pte I |

POLICE REPORT



1 of 3





Police Station Of Origin:

Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20170829/2041

| Date/Time Report Made: 29/08/2017 11:04 | | | Vide Report No.: | Station Diary No.: 43 | | |
|--|----------------------|------------------------------|---|------------------------------|--|--|
| Informat | nt's Particu | ulars | | | | |
| Name of | Informant: W HOCK | | 530410 | AVENUE 10 #03-1018 SINGAPORE | | |
| ID Type / ID No.: NRIC NO / S1418613A | | 13A | Contact No.: Home/Office: | Mobile: 84841168 | | |
| National | | | Email: | | | |
| Sex: Male | Age: 56 | Date of Birth: 10/10/1960 | Type of Informant: Rider | 10 1-111 | | |
| Race: Chinese | 1 | | Language: | Institution / School Name: | | |
| Occupation: DRIVER | | | Driving Licence Information Class: 2B,2A,3,4,5 | on: Date of Expiry: | | |

| Type of Accident: | Injury Conveyed By Amb | Drink | | Date/Time of Accident: 28/08/2017 15:35 | Type of Location X-Junction |
|---|----------------------------------|-------|-------------------------------|---|--------------------------------|
| Junction of R AIRPORT RI UBI AVENUI | DAD HOUGAND NITC. | Road | Surface: | | Road Speed Limit: |
| Weather: Clear | | Dry | | | Troffic Malama |
| Traffic Flow | | Traff | ic Control: | | Traffic Volume: |
| Type of Colli | sion: ving Vehicles - Head To | | Anyone conveyed by ambulance. | | |

| | The second secon | 4 1 | Model | Color | Condition | No of Passenge |
|------------------|--|-------|-----------|-------|---------------------|----------------|
| Vehicle No. Type | - N | Make | | | | 0 |
| FS8671P Motorcy | cle H | HONDA | CB400SFYJ | Red | Slightly Damaged | 0 |
| XD2374C Lorry | - | | | | Slightly | 0 |

| The second secon | ehicle Insurance | Insurance No | Effective | Expiry Date |
|--|-----------------------------|--|------------|-------------|
| | Insurance Company | The state of the s | 07/07/2017 | 06/07/2018 |
| FS8671P | AXA INSURANCE SINGAPORE PTE | AN3157282 | 07/07/2017 | 00/07/2010 |

POLICE REPORT





T/20170829/2041

Report No. T/20170829/2041

2 of 3

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

| Any Pedestrian Ir | volved: No | | Use of Ped | lestrian | Cross | ing NA | |
|----------------------------------|-----------------------|----------------------|--|----------------------------|--------|---------------------|--|
| No. of Pedestrian | s Injured: NIL | | USE OF FOC | 70.0411011 | 1000 | | |
| Rider | | E ME | No. of Concession, Name of Street, or other Persons, Name of Street, or other Persons, Name of Street, Name of | ID No. | 1 | S1418613A | |
| Name | NA SEOW HOCK | | | 10 140 | | 5141551511 | |
| = | FC0671D (Motorcycle) | | | Conta | ct No. | 84841168 | |
| Related Vehicle | FS867 IP (Motorcycle) | FS8671P (Motorcycle) | | in Pentinethan (1925) | | | |
| 1. 11841-70 | DAFFI ES HOSPITAL | | | Class | of | Class: 2B,2A,3,4,5 | |
| lospital/Clinic RAFFLES HOSPITAL | | | | Drivin Licent Expiry | ce & | Date of Expiry: NIL | |
| | 00.0000047 | | Date Disc | | | 3/2017 | |
| Date Treatment | 28/08/2017 | 2 | Degree of | | | | |
| No. of Days gran | ted Medical Leave 03 |) | Degree of | 1112017 | | | |

Brief Details.

On 28/08/2017 at about 1539hrs, I was travelling along Airport road on my motorcycle when a lorry collided into my rear.

The incident happened at the cross junction of Airport road and ubi ave 2. I stopped at the traffic junction waiting for the green arrow to turn into ubi ave 2. When the traffic light turns green, I started to move off and I saw the lorry tried to overtake me which resulted in him knocking onto my motorcycle box and pushing me to the side and causing me to collide into the kerb on my left.

My motorcycle fell onto my leg and caused some injuries. I was being conveyed to raffles hospital and was given 3 days of MC

HOUGANG NPC 50 HOUGANG WE 9 SINGAPOR SER775 TEL: 1800-43/9999

POLICE REPORT





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT

3 of 3

Report No. T/20170829/2041

Sketch Plan

...

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| Signature Of Officer Recording The Report F / Sgt 2 CHUA YONG JIE, JEREMY | Signature Of Informant |
|---|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 29/08/2017 11:04 |
| Officer In Charge Of Case: TP / GIT / Staff Sgt SYED ZAYID MUHAMMAD BIN SYE | Classification Of Case |
| ABDUL WAHID ALHINDUAN Contact No.: 65476394 | SN 085 |
| Authentication Stamp NP168 | Singapore Police Force |

Common Statement

Phate KYU ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd This is NOT an admission of biame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident

Tarm
2 Exact location of accident To be signed by 80TH drivers 2 Injuries even if slight Yes No ! 15/6/17 4 Material damage Arout Roud MILLE Witness' name, address and tel no. (to be underlined if hg/ple. Velikle Video Comerx Available is passanger in vehicle A or vehicle B) To vehicles other than vehicles A and B. TES TES Yes Yes No Registration No. XD 2314 C 12 CIRCUMSTANCES Registration No. (VEHICLE A) (Plasured /policyhold 1 (VEHICLE B) nut a core (X) in each of the refer to have applicable to your with the @Insured / policyholder (see insurance cent.) A No No Seal Mark (capital letters) partico / stopped (at the roachwide) (captal retiens) moving a parking scace / opening the door (at the roadsids) 1.5 103-018 S(530 PD) HAR- 10 Address ... entering a parking space (at the roadside) 1.3 emerging from a car park, from private grounds. 4 NRSC / Fassport No. NRICT POSSPOR NO. SIMISTO A untering a cur park, private grounds, a minor rood , 5 Tel no. (from Spin till Spin) ... encerting a roundabout or similar traffic system. . 140 84841168 circulating in a roundebout or similar traffic system. [7] Vehicle Mere more Handy CB400 SFY5 striking the may of the other vehicle vihile going in the same direction and in the same lains 8 Mole, type 15 1 4 going in the same direction but different lane. E Interence company

□ □ □ TPFT □ TPO ☐C ☐TPFT ☐TPO changing twics 10 10 Does the policy over damage to whicle 97 Does the postsy tower damage to wenkile A? 11 overtaking 11.5 No I No E turning to the right, making a Urturn (official Urturn) 12 1" 1 22 Policy No. (if available). Folicy No. turning to the risk 13 13 9 Driver (See griving Scence) reversing. 14.7 114 g Driver (if different from insured 8 above) encreaching in the opposite traffic lates 15.1 Name 13 (capital letters) tione (capital lotters) coming from the right (at read junctions) 26 0 10 not observing a right-of-way sign, (e.g. red traffic light, stop sign, etc.) MRSC / Passport No. 24 23 NREC / Postgort no-1 17 17 Class of beench Class of Rosece State TOTAL number of -> HP_ Female Male boxes marked with a cross Main / Fernais [13] Sketch of accident when impact occurred [33] 10 Indicate the point 1 Gindicate the point Plants and color 1 layout of the road 2 the direction of vehicles A and 6 and) arrows - 3, their positions at the time of impact - 4, the road segms - 5, names of the streets or roads of initial impact with of initial Impact with an arrow(+) an arrow (+) 11 Visible damage to vehicle 8 11 Visible damage to vehicle A 14My remarks 115 Signatures of drivers 14Hy remades For visured's Individual Statement

Do not also arething in the statement effer signing Suppression, each driver should take one cone

by the exect of expans or in the event of domagn to people to visibilities A and Bu give inflyingation overland.

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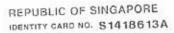
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Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

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| Size devert the content Yes No 1 from Town Section Section Trisca Triscal Tr | 1 | permissible carrying capacity | | | | | | 2 Vehicle registration | 1 2 | | | | | | |
| 4 Each purpose for which vehicle was being asked at time of accident. Preside the purpose Commercial use. Train a manner Preside spootly 8 | (Wptus editorings) | | | ieno (e | Is given the owner? Yes No Prop Deve was owner insurer of drover's ever-versions. | | | | | | | | | | |
| S to the vehicle stall in use? Veril No. Yes | 4 Exact purpose for which vehicle was being used at time to | | | | | | | | | | | | | si the owner? | |
| B 6 Alley you challening under your own insurance policy for repair to your vehicle? Not Not You, stake action to be taken Third Party Reporting Only Third Party Own Workshop) 7 Caller of birth Occounted Date of license pass Was vehicle drien with a many of vehicle at the pass Was vehicle drien with a many of the exameth of the loss of license pass Was vehicle drien with a first or accounter recipied with a many of the passed permission Not No | ng. | Tel no. | _ | | | | | esert. | ere it is at pre | state with | No I I I | | | | |
| There are person in the control of t | | | | | | | | 110 | Nicle? Yes | to your ve | were tipled for the service | ver your awaying | 5 35 the vehicle star | | |
| Total of birth Occounts Date of license pass Was velicle driven with the loader of license pass of whiche at least of any pre-existing impairment of sight or hearing and it any other dealthity. If you contain a discount of the last 36 months Date Offence Penalty Penalty If you contain a discount of the last 36 months Date Offence Penalty If you contain a discount of the last 36 months Date Offence Penalty If you contain to properly and a which sight or hearing and it any other dealthity If you contain to properly a which is write occupants, which is writen velsion would be hopping to the hopping properties a year of damage. Damage to properly a which is occupants, which is writen velsion of the last 36 months If you contain the last 36 months Damage to properly you will be a writen to the last 36 months If you contain the last 36 months Damage to properly you will be a writen to the last 36 months If you should not a properly and the last 36 months If you contain the last 36 months If you will contain | | p) | kshop | Wor | Dwn I | / (C | Party | Third | Only P | Reporting | nird Party | be taken 'D' | If six states action | | |
| Police substance of interiors and accidents at the processing impairment of sight or heading and of any other disability 10 Namerical, address(cs) and approximate sight), and accident approximate sight). 11 Namerical, address(cs) and approximate sight) 12 Namerical approximate sight) 13 Namerical, address(cs) and approximate sight). 14 Namerical and accidents(s) and accidents(s) of control of the policy of the pol | distribute. | of the ire | . 1 . | with sign of | driven permi | cle : | as vehicle e insurés | We | ente pass | Date of lie | | Sandana and | | | |
| a Give Islands of any pre-existing Impairment of sight or heading and of any other disability. 9 Full citatis of all criving convictions including poroling processions in the last 36 months. Date Offence Patiety 1.0 Namings), address(es) and approximate agree) Inquiries sustained If webtice occupients, state in which vehicle word? N.G. Sould Flack. N.G. Sould Flack. Domage to property a vehicles (other than vehicle of a sould activess(es) of convertices of property a vehicles (other than vehicle of a sould activess(es) of converts). 1.1 Name(s) and activess(es) of vehicle registration no. or details of property 3 vehicles (other than vehicle of damage (if innoven). 1.2 Was the socident reported to the Police? Tax Vehicle registration no. or details of property 3 vehicles of and (if) 1.1 Was notice of intended prosecution given? Ves No. 1.2 Was the socident reported to the Police? Tax Vehicle registration no. or details of property 1 Ves No. 1.3 Was notice of intended prosecution given? Ves No. 1.4 Weether conditions 1.5 Road surface With Immirration? 1.6 Speed of vehicles A lamity. 1.7 What vehicles is commerciated in the Police? 1.8 Were street lights illuminated? No. 1.9 Was street lights illuminated? No. 1.1 Was notice to intended prosecution given? 2.2 If your vehicle is commerciate in size work of load careful stree of accident. 2.2 State number of Passer(gers (including Driver) 2.3 State number of Passer(gers (including Driver) 2.4 State number of Passer(gers (including Driver) | No No | Yes | 4 | 1 | No | | 5 / | Ye | 184 | 19 | Outdoor | ndoor | exterter | Driver or parties to | |
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| Topmage to property 13 Nemo(s), address(s) and injuries sustained if vehicle occupants, state in which spend to the hospital by address(s) and approximate spe(s). Nel Cash 16 ck. Nel Cash 16 | Penalty | | | | | | | | | | Ī | | | | |
| Injured personnels approximate ago(s) and approximate approximate ago(s) and approximate ag | Penalty | | | | | Dase Offence | | | | | | | | | |
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| 22 State oursbur of Passengers (Including Driver) | | | - | | | | | ebarii | e of accident, | ried at tim | ate weight of load car | is commercial, | 20 If your very | | |
| The state of the formation participals are pide tolerary respect. | | | | | | | | 1,000 | PORTER BY ARREST | KINS GC | | | | | |
| Lotte ductage the forecoing particulars are type ofevery respect. | | | | | | | | | | 1 | ncluding Driver) | of Passergers | 22 State ours | | |
| RTIVINE TIME | M | 13/1 | 79 | _ | Date | | | | | espect | ary one to be overy | | 1 | Declaration | |
| Policyholder's signature Determine Date Date | T. | 7 1 | | | | | | | | | 1 | | 100000000000000000000000000000000000000 | | |

IC AND LICENSE Pg. 1



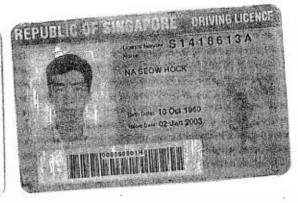


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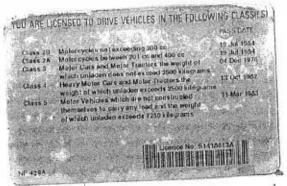
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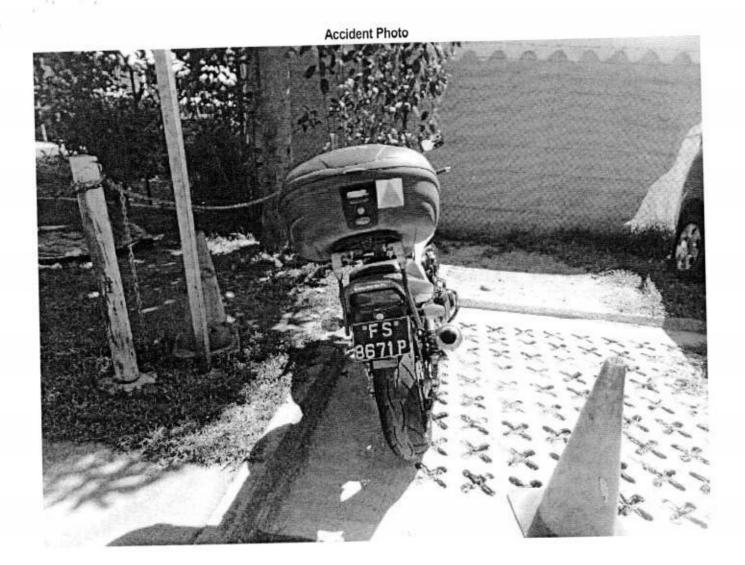
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U 14 50 0 37A



















ATAN MOTORING SUPPLY PTE LTD

Blk 3006 Ubi Road 1, #01-368/370 Singapore 408700. Tel: 67431351 Fax: 67432719 Email: annasimsl@yahoo.com.sg Business Registration No. A03552/1989W

30 August 2017

China Taiping Insurance (S'pore) Pte Ltd Motor Claim Department 3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 63896111 Fax: 62247175 1666 190: 1499.4 210 1709.4

FS8671P- Estimate Bill (Honda CB400VT 1)

Handle Bar 1 pc 180.00 Meter / Lut 8501150.00 1 set Clutch Lever / Cut 1 pc 35.00 1 set Crash Bar 210.00 Gear Lever Foot 1 set 118.00 1 set Box Bracket / M 230.00 / less 10% 1 pc Rear Number Plate 18.00 IU Bracket / bR. 1 pc 25.00 70.00 60 Transport 2 way to Idac to workshop Workmanship 220.00 150. Sub Total 2256,00 GST 7% 157.90 Total 2413.90

Fax: 6256 4315

Sur@ lkkant. com

Guo Q: ang -82880282

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part by pat.

After regair photos.

21/8/17

16541447 AN 15/9/19

1966 196.60 1769.40 150.00 1975.40 138.56 2117.96



ATAN MOTORING SUPPLY PTE LTD

Blk 3006 Ubi Road 1, #01-368/370 Singapore 408700. Tel: 67431351 Fax: 67432719 Email: annasimsl@yahoo.com.sg Business Registration No. A03552/1989W

30 August 2017

China Taiping Insurance (S'pore) Pte Ltd Motor Claim Department 3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 63896111 Fax: 62247175 LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- · Parts prices are subject to confirmation
- . Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

FS8671P- Estimate Bill (Honda CB400VT 1)

| 1 pc | Handle Bar / M | 180.00 / | |
|-------|-------------------------------------|-------------|-----------------|
| 1 set | Meter / Lut | 1150.00 / | |
| 1 pc | Clutch Lever / at | 35.00 / | |
| 1 set | Crash Bar Cut | 210.00 / | 1966 |
| 1 set | Gear Lever Foot 67 | 118.00 / | 1700 |
| 1 set | Box Bracket / 67 NT | 230.00 / | less 10% 1769.4 |
| 1 pc | Rear Number Plate | 18.00 / | less 1% 1769.4 |
| 1 pc | IU Bracket / bR. | 25.00 | |
| . 50 | Transport 2 way to Idac to workshop | 70.00 60 | |
| | Workmanship | 220.00 150. | |
| | Sub Total | 2256.00 | |
| | GST 7% | 157.90 | |
| | Total | 2413.90 | |

Fax: 6256 4315

Sur@ lkkant. com

Guo Q: ang - 82880282

2 Pays.

part by pat.

After regain photos.

Page 1 of 1

...CLAIM SUBFOLDER...(Pending for Survey Report)

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'ed | Status |
|--------------------------------|--------------------|---------------------|--------------------------------------|--|-------------------------|----------------|---|
| Main | 30 Aug 2017 | | 31 Aug 2017 11:05 Edit Adj Rpt | S\$1,709.40 Edit Estimates | S\$1,709.40 View Rpt | | Pending for Survey Report Cancel Case |
| | Main | Refer | ence | Claim Deta | ils] | Documents | Show All |
| CLAIM S | UBFOLDER DET | TAILS | | | | [Created by in | nsurer] |
| Insured: | | -, Co. Reg. No | y.; - | | | | |
| Main Cla | imant: | NA SEOW HO | CK | | | | |
| Vehicle F | Reg. No.: | FS8671P | | Date of L | .oss: | 28/08/2017 00: | 00 - :59 |
| Claim Ty | pe: | TP / SNM17D05117C02 | | Policy/C | Policy/Cover Note No.: | | 1709 |
| Vehicle Reg. No. (Insured): | | XD2374C | | Policy No | Policy No. (Claimant): | | |
| | Excess: | | | S\$0.00 | | | |
| Repairer | 1 | | | | | | Ubi - Tel: 6743 1351 |
| Handling | Insurer: | Ping - 638986 | 192] | And the second of the second o | | | d by Irene Tay Hui |
| Adjuster | | due 12/09/2 | 017] | | | | IANG] [Final Rpt |
| Adj Asg. | Remarks: | PLEASE ASSIST | TO CONDUCT A | PRS AND REVERT | WITH YOUR RECO | MMENDATION | |
| ASSOCI | ATED MAIL REC | EIVED | | | | View All | Compose Case Mail |
| There are | no mail for this o | case. | | | | | |
| Θ. | | | | 1995 (ta | 1 | 1 2 | |
| ALL ASS | SOCIATED TASK | CS | | View All | Search Tasks | Create Nev | w Task Complete |

Claim Documents

| Pho | otos/Images | | 3 per | page 🔻 | V |
|-----|-----------------|-----------------------------------|-------|-----------|-------|
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | - (| Thumbnail | Print |
| 1 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 2 | 09/10/17 10:37 | General View | 0 | Load JPG | J |
| 3 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 4 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 5 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 6 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 7 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 8 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 9 | 09/10/17 10:37 | General View | 6 | Load JPG | V |
| 10 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 11 | 09/10/17 10:37 | General View | 6 | Load JPG | V |
| 12 | 09/10/17 10:37 | General View | 0 | Load JPG | 9 |
| 13 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 14 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 15 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 16 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 17 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 18 | 09/10/17 10:37 | General View | 6 | Load JPG | V |
| 19 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 20 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 21 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 22 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 23 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 24 | 09/10/17 10:37 | General View | 0 | Load JPG | 7 |
| 25 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 26 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 27 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 28 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 29 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 30 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 31 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 32 | 09/10/17 10:37 | General View | 0 | Load JPG | V |
| 33 | 09/10/17 10:37 | General View | 0 | Load JPG | V |

Documents Checklist

| DOCUMENTS CHECKLIST | Reset Save | Print |
|--|------------|-------|
| There are no document checklists configured. | | |
| | | |

| Our Checklist Remarks - LKK Auto Consultants Pte L | td (HQ) |
|--|---------|
| | |
| | |
| Show Remarks To: Handling Insurer | |
| Note: Remarks are private unless you show it to other parties. | |

LKK Auto Consultants Pte Ltd (Co.Reg. No: 199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/CTI17016939/GTBE2

Date:

27/11/2017

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMCVSN8007401709

Claimant Vehicle No:

FS8671P

28/08/2017

Insured Vehicle XD2374C No:

Nature of Claim:

TP

Claim No:

SNM17D05117C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

FS8671P

Make & Model:

Date of Loss:

HONDA CB 400 F3WYB, 399cc (M) 13/12/2000 (Man. Year: 2000)

NC23E2013947 NC391013947

68316 km

Reg. Date: Colour:

Engine Capacity: Market Value/New Car Price: 399 cc N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Handbrake (Serviceable):

Yes Engine Modification:

No Pre-accident Condition:

Engine No:

Chassis No:

Odometer:

Yes

CONDITION OF TYRES

Front Tyre Size:

120/607 R17

Rear Tyre Size:

160/60Z R17

Front Left Side:

Metzeler 5 mm

Rear Left Side:

Front Right Side:

0 mm

Rear Right Side:

Metzeler 5 mm

0 mm

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|------------------------|------------|------------|------------|--------|
| Parts | 1,966.00 | 1,499.40 | 466.60 | 23.73 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 290.00 | 210.00 | 80.00 | 27.59 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Gross Total (S\$) | 2,256.00 | 1,709.40 | 546.60 | 24.23 |
| + GST 7.00/7.00% (S\$) | 157.92 | 119.66 | 38.26 | 24.23 |
| Nett Amount (S\$) | 2,413.92 | 1,829.06 | 584.86 | 24.23 |

INSPECTION

Date of Assignment:

31/08/2017

Date Inspected:

31/08/2017 Inspected At:

Atan Motoring Supply Pte Ltd (HQ) Block 3006 Ubi Road 1, #01-368/370

Singapore 408700

Estimated Period of Repair:

2.0 days

Adjuster: XING GUO QIANG

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

| Referen Part Source | | (Last Synchronised: 27 Nov 2017) | |
|------------------------|--|--|--|
| Parts: | N/A | HONDA CB 400 F3WYB 399cc (M) (Model not available in database) | |
| Labour: | Repairer's | (Price-denominated Standard List) | |
| Print Code: | (Unsubmitted, no print-code for FS8671P) | | |
| Validity: | These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page | | |
| Further Info | : Items/values | not in reference catalogue are prefixed with an asterisk *. | |

| Dagan | | ~4 D | arta |
|-------|-------|------|------|
| Recom | ımena | ea r | ans |

| No. | Qty | Part No. | Particulars | Condition | Repairer's | Amount |
|-------|--------|------------------|---------------------------|---------------------------|------------|------------|
| 1 | 1 | | *HANDLE BAR | Bent | 180.00 F | *180.00 FL |
| 2 | 1 | | *SET METER | Cut | 1,150.00 F | *850.00 FL |
| 3 | 1 | | *CLUTCH LEVER | Cut | 35.00 F | *35.00 FL |
| 4 | 1 | | *SET CRASH BAR | Cut | 210.00 F | *210.00 FL |
| 5 | 1 | | *SET GEAR LEVER FOOT | Bent | 118.00 F | *118.00 FL |
| 6 | 1 | | *SET BOX BRACKET | Bent | 230.00 F | *230.00 FL |
| 7 | 1 | | *REAR NUMBER PLATE | Bent | 18.00 F | *18.00 FL |
| 8 | 1 | | *IU BRACKET | Broken | 25.00 F | *25.00 FL |
| F=Fra | nchise | part. L=ListItem | Disc. | _ | | |
| | | | | Sub Total (S\$) | 1,966.00 | 1,666.00 |
| | | | - List Item Discount on L | Items 0.00/10.00% (S\$) | 0.00 | 166.60 |
| | | | | Total Parts (S\$) | 1,966.00 | 1,499.40 |
| | | | Report was unsubmitt | ed during this print-out. | | |

Adjuster Report Page 3 of 3

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

| No | Particulars | Lab.Type | Repairer's | Amount |
|-----|-------------------------------------|------------------------|------------|--------|
| Lab | our Items | | | |
| 1 | TRANSPORT 2 WAY TO IDAC TO WORKSHOP | New | 70.00 | 60.00 |
| 2 | WORKMANSHIP | New | 220.00 | 150.00 |
| | Gross Labour Cost (S\$) | | 290.00 | 210.00 |
| | Report was unsubmitted | during this print-out. | | |

< END OF ESTIMATES >